

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 10/29/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445415	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN B. WING _____		(X3) DATE SURVEY COMPLETED 10/28/2015
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, FARRAGUT			STREET ADDRESS, CITY, STATE, ZIP CODE 120 CAVETT HILL LANE KNOXVILLE, TN 37922		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 029 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure fire barrier's one (1) hour fire rated construction is maintained. (NFPA 101, 8.2.3.2.4.2 and 8.3.5.1) The findings include:</p> <p>1. Observation and interview with the Maintenance Director, on 10/28/2015 at 9:35 AM confirmed the 450 hall storage room at the end of the hall was not provided with a door closer. (NFPA 101, 19.3.2.1 (7)).</p> <p>2. Observation and interview with the Maintenance Director, on 10/28/2015 at 10:25 AM, confirmed the fire barrier of the lobby mechanical room head of wall joint was not sealed with an approve UL listed fire stop system.</p> <p>3. Observation and interview with the Maintenance Director, on 10/28/2015 at 10:37 AM, confirmed the 1-hour fire wall of the large mechanical room head of wall joint was not sealed with an approve UL listed fire stop system</p>	K 029	<p>A. All unsealed barrier walls listed (lobby mechanical room, large mechanical room, elevator equipment room) will be properly sealed by NFPA code.</p> <p>B. All penetrations will be corrected by November 23, 2015</p> <p>C. Maintenance supervisory will in-service facility staff concerning penetrations.</p> <p>D. Maintenance will monitor on a periodic bases.</p> <p>11/23/15</p> <p>A. Door closure will be installed to meet all NFPA guidelines for storage room door at room 450.</p> <p>B. Door closure shall be installed by November 23, 2015.</p> <p>C. Maintenance supervisory will in-service maintenance staff g guidelines for door closures.</p> <p>D. Maintenance will monitor on a periodic bases.</p> <p>11/23/15</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 029	Continued From page 1 at the corrugated metal deck. 4. Observation and interview with the Maintenance Director, on 10/28/2015 at 10:49 AM, confirmed the 1-hour fire wall of the elevator equipment room head of wall joint was not sealed with an approve UL listed fire stop system at the corrugated metal deck. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on 10/28/2015.	K 029			
K 130 SS=E	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure combustible floor coverings shall not extend through openings protected by 3-hour rated fire protection door assemblies. (NFPA 80 1999 Edition Section 1-11.2.2) Findings include: Observation and interview with the Maintenance Director, on 10/28/2015 at 10:25 AM, confirmed carpeting extended under the 3-hour fire door 1A which separates the original 1998 building and the 2008 addition. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on	K 130	A. Carpet will be removed and a metal plate will be installed underneath fire doors which separates the original 1998 building and the 2008 addition. B. A metal plate shall be in- stalled by November 23, 2015. C. Maintenance supervisory will in-service and monitor vendors/cpmtractors to meet NFPA codes. D. Monitoring will be completed by Maintenance staff during any renovations or future construction.	11/23/15	

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K 130	Continued From page 2 10/28/2015.	K 130			